

**Lynchburg College
SGA Senate Budget Committee
Supplemental Funding Request Form**

Please fill out this form entirely and submit to the Office of Student Activities located on the terrace level of Hundley Hall. Supplemental requests are heard the first Wednesday of each month. Forms need to be received by the last Friday of the previous month to be heard. Each organization is permitted **ONE** supplemental request per semester.
The S.G.A. vice-president will contact the organization for a meeting time.

Organization: _____
 Purpose of requesting funding outside SGA budget allocation process held in fall and/or spring semester: _____

Person Completing Form: _____
 Contact Information: (phone) _____ (email) _____

I. Event/Activity Title: _____
 Purpose of Event/Activity: _____

Expected # of participants: _____	Is event open or closed (please circle)?
Date of Event: _____	Location of event: _____
<u>Cost Breakdown</u>	<u>Cost</u>
CATEGORY (Section III.D1-12 see attached)	
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL COST	_____
TOTAL REQUEST FROM SGA	_____

II.. Event/Activity Title: _____
 Purpose of Event/Activity: _____

Expected # of participants: _____	Is event open or closed (please circle)?
Date of Event: _____	Location of event: _____
<u>Cost Breakdown</u>	<u>Cost</u>
CATEGORY (Section III.D1-12 see attached)	
_____	_____
_____	_____
_____	_____
_____	_____
TOTAL COST	_____
TOTAL REQUEST FROM SGA	_____

I, the listed President of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

Signature of President _____
Date

PRINT NAME

I, the listed Treasurer of the Organization on this form, hereby agree to all the rules and regulations set forth by SGA and understand that by signing this, I have read and understand the rules:

Signature of Treasurer _____
Date

PRINT NAME

I, the Advisor of the organization on this form, have met with the officers to review the budget request and understand that is the responsibility of the organization president and treasurer to abide by the rules and regulations set forth by the SGA.

Signature of Advisor _____
Date

PRINT NAME

PLEASE NOTE:

1. _____ Have you included all supporting documentation for your requests (room and media requests, catering/dining services, invoices/estimated cost information, etc.)?
2. _____ Do you have the appropriate signatures completed on the form?
3. _____ Did you utilize the appropriate categories provided for your cost breakdown – Section III.D1-12 of budget packet?
4. _____ Do you have any categories listed that are not funded by SGA and/or are not appropriate categories – Section III.E 1- 14 of budget packet?
5. _____ Did you make a copy of your request for your records?
6. _____ Did you make copies of your supporting documentation and provide the originals to Ms. Deborah Brown for processing?

FOR SGA USE ONLY

- Budget Approved Total \$ _____
- Budget Not Approved:
Stipulations:
1. _____
 2. _____
 3. _____
- Budget Partially Approved: Total \$ _____
Stipulations:
1. _____
 2. _____
 3. _____

Signature of SGA Vice President _____
Date

Signature of SGA Treasurer _____
Date